The Heads of Departments are authorised to purchase the number of copies required for their offices and the offices subordinate to them from out of the Contingent grants of the Departments.

Regarding the supply of copies free of cost to Departments, instructions to the Director of Printing, Stationery and Publications, Bangalore, have been issued separately and only two copies will be supplied free of cost to each Head of the Department.

M. SHAMANNA,
*Secretary to Government,*
*Finance Department.*

**Introduction of revised forms of Statement of Premiums recovered from Gazetted and Non-Gazetted Government Servants towards Life Insurance Fund.**

READ—

Letter No. Estt. M. No. 493, dated the 30th May 1952, from the Secretary, Mysore Government Insurance Department, Bangalore, suggesting a form of statement of premiumss recovered from Gazetted Government Servants towards Life Insurance Fund.

2. Un-official Note No. Gl. 1177/2, dated the 18th August 1952, from the Secretary, Mysore Government Insurance Department, suggesting revised forms in lieu of Form No. 46, Mysore Civil Account Code, Volume I (monthly statement of premiums realised in cash or by deduction from pay bills).

ORDER NO. FL. (B) 10561-660—C.R. 44-52-2, DATED BANGALORE, THE 2ND DECEMBER 1952.

The revised forms as suggested by the Secretary, Mysore Government Insurance Department, Bangalore, and appended to this Government Order, are approved.

The forms now approved replace the existing Form No. 46, Mysore Civil Account Code, Volume I.

M. SHAMANNA,
*Secretary to Government,*
*Finance Department.*

Bill No. .....
Cashed on.....

## ANNEXURE.

### MYSORE GOVERNMENT INSURANCE DEPARTMENT.
(PUBLIC BRANCH.)

Monthly Statement of Premiums realised in cash or by deduction in the Pay Bill at the Office of .....for the month of.....195 , and remitted to the.....Treasury during the month of.....195 , in accordance with Article 409 of the Mysore Financial Code, Volume I.

| Policy No. | Name | Premium recovered during the current month | Premium recovered during the previous month | Difference between columns 3 and 4 | | Reason for difference in column 5 | Amount recovered towards loan | Remarks |
|---|---|---|---|---|---|---|---|---|
| | | | | More (*a*) | Less (*b*) | | | |
| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 |
| | | | | | | | | |

Station.....
Date.....

Signature.....
Designation.....

### Instructions.

1. Separate statements should be prepared for the Official Branch in the prescribed form.
2. Names of all the insured persons should be noted whether the premium is recovered or not.
3. Correct Policy Numbers should invariably be noted in all cases.
4. The premiums recovered during the current month and the previous month should be noted in columns 3 and 4 respectively. Recoveries towards loan should be noted separately in column 7.
5. In case of differences between columns 3 and 4, reasons should be furnished in column 6. A few examples are shown below :—

*Column* 5 (*a*) : 'More'

(i) Insured for the first time ; Premium recovered as per letter No....., dated..... of the Insurance Department.

(ii) Effected further Insurance ; Premium recovered as per letter No....., dated..... of the Insurance Department.

(iii) Transferred from.....(here specify District and Office).

(iv) Arrears recovered as per letter No....., dated.....of Insurance Department.

*Column* 5(*b*)—'Less'.—

(i) On leave from.....to.....and the leave allowances not drawn.

(ii) Transferred to.....(here specify District and Office).

(iii) Resigned, services terminated or died on.....

(iv) Recoveries stopped or reduced as per letter No....., dated.....of the Insurance Department.

## MYSORE GOVERNMENT INSURANCE DEPARTMENT.

(OFFICIAL BRANCH.)

Bill No.....

Cashed on.....

Monthly Statement of premiums realised in cash or by deduction in the Pay Bill at the Office of .....for the month of .....195 , and remitted to the..... Treasury during the month of.....195 , in accordance with Article 409 of the Mysore Financial Code, Volume I.

| Policy No. | Name | Premium recovered during the current month | Premium recovered during the previous month. | Difference between columns 3 and 4 | | Reason for difference in col. 5 | Remarks |
|---|---|---|---|---|---|---|---|
| | | | | More (*a*) | Less (*b*) | | |
| 1 | 2 | 3 | 4 | 5 | | 6 | 7 |
| | | | | | | | |

Station.....

Signature.....

Date.....

Designation.....

### Instructions.

1. Separate statements should be prepared for the Public Branch in the prescribed form.
2. Names of all the insured persons should be noted whether the premium is recovered or not
3. Correct Policy Numbers should invariably be noted in all cases.
4. The premiums recovered during the current month and the previous month should be noted in columns 3 and 4, respectively. Recoveries towards loan should be noted separately in column 7.
5. In case of differences between columns 3 and 4, reasons should be furnished in column 6. A few examples are shown below :—

*Column* 5 (*a*) : 'More' :—

(i) Insured for the first time ; Premium recovered as per letter No....., dated..... of the Insurance Department.

(ii) Effected further Insurance ; Premium recovered as per letter No....., dated..... of the Insurance Department.

(iii) Transferred from.....(here specify District and Office).

(iv) Arrears recovered as per letter No....., dated..... of Insurance Department.

*Column* 5 (*b*) : 'Less' :—

(i) On leave from.....to.....and the leave allowances not drawn.

(ii) Transferred to.....(here specify District and Office).

(iii) Resigned, services terminated or died on.....

(iv) Recoveries stopped or reduced as per letter No.....dated....., of the Insurance Department.

## Statement of Premiums recovered from Gazetted Government Servants towards Life Insurance Fund.

*To be entered by Treasury.*

Name of Treasury.....

Voucher No. entered in the list of payments containing deduction of the premium. { Vr. No.....
Month.....

Date.....

.....
Initials of the Treasury Officer.

Name.....

| Branch | Policy No. | Amount |
|---|---|---|
| Official | | |
| Public ... | | |

.....

Total.

The premium of the last month has been paid by deduction out of my pay in the Treasury at.....

.....

Date..... Signature of the Insured with designation.

*Note.*—This should be filled in correctly and signed by the Insured and attached to his Pay Bill in which his life insurance premium is deducted. If this is not attached to such bill, it will not be cashed by the Treasury.